

SUPERFUND DOCUMENT CODING SHEET

Instructions: Complete all fields and check all applicable boxes (if more than one item applies).
Print or write legibly. Please sign name, not initials, for signature line(s).

1 Site Name <u>Vasquez Blvd/I 70 Superfund Site</u>		2 SSID# <u>08-9R</u>
3 Operable Unit(s)	<u>00</u>	Operable Unit Name(s) <u>Sitewide</u>
	<u>01</u>	
	<u>02</u>	
	<u>03</u>	
4 Phase Activity	Check one or more below	
	Site Assessment	
	<input type="checkbox"/> Screening	<input type="checkbox"/> Removal
	<input type="checkbox"/> PA	<input type="checkbox"/> ER/Time Critical
	<input type="checkbox"/> SI	<input type="checkbox"/> ER/Non-Time Critical
	<input type="checkbox"/> ESI	<input type="checkbox"/> Site Evaluation
	<input type="checkbox"/> Decision Document	
	<input type="checkbox"/> Other (i.e. contact info., media records, interviews)	
	Check one or more below	
	<input type="checkbox"/> HRS (Check one or more below)	<input type="checkbox"/> Remedial
<input type="checkbox"/> Proposed Package	<input type="checkbox"/> Design/Action	
<input type="checkbox"/> Documentation	<input type="checkbox"/> ER/Non-Time Critical	
<input type="checkbox"/> Category (1-7)	<input type="checkbox"/> Studies/Remedy Selection	
<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Post Construction	
<input type="checkbox"/> Post Work Cost Recovery		
5 Access Code(s)		
<input type="checkbox"/> Public (Releasable)		
<input type="checkbox"/> Privileged (Not Releasable) (Check type below)		
<input type="checkbox"/> Attorney Work Product	<input type="checkbox"/> Deliberative Process	
<input type="checkbox"/> Attorney-Client Communication	<input type="checkbox"/> OGC OK	
<input type="checkbox"/> CBI Claimed	<input type="checkbox"/> Enforcement Confidential	
<input type="checkbox"/> CBI Determined	<input type="checkbox"/> Privacy	
6 Special Instructions or Notes _____		

7 Collection Name: <input type="checkbox"/> AR <input type="checkbox"/> Work Performed <input type="checkbox"/> FOIA <input type="checkbox"/> Cost Recovery		
<input type="checkbox"/> Special or <input type="checkbox"/> Discovery <input type="checkbox"/> Other (Describe): _____		
8 SIGNATURE(S)		
Submitter's Signature _____		Date _____
Submitter's printed name _____		
Attorney's Signature _____		Date: _____
Attorney's printed name <u>Richard Sisk</u>		